TEXAS DEPARTMENT OF INSURANCE
Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)
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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Donald M McPhaul MD

Respondent Name
New Hampshire Insurance Co

MFDR Tracking Number
M4-16-2529-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
April 22, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please note that the CPT codes and MAR are not bundled no compounded and are to be bill and reimbursed separately and independently from one another. All components were performed and billed accordingly based on the TDI-DWC Fee Guidelines are per Rule 133 and Rule 134 respectively."

Amount in Dispute: $285.90

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our initial response to the above referenced medical fee dispute resolution is as follows: we have escalated the bills in question for manual review to determine if additional monies are owed."

Response Submitted by: Gallagher Bassett Services

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 21, 2015	99204, A4556	$285.90	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the reimbursement guidelines for professional medical services.
3. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
   - 15 – (150) Payer deems the information submitted does not support this level of service

- 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated
- W3 – Request for reconsideration

Issues

1. Are the insurance carrier's reasons for denial or reduction of payment supported?
2. Is the requestor entitled to additional reimbursement?

Findings

1. The insurance carrier denied disputed service 99204 with claim adjustment reason code 150 – "Payer deems the information submitted does not support this level of service." 28 Texas Administrative Code §134.203(b) states in pertinent part,

> For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following:
>
> (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.

The submitted code in dispute has a narrative description of 99204 – Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 components: A comprehensive history: A comprehensive examination: Medical decision making of moderate complexity.

Review of the submitted document titled, "Electromyography (EMG) Report finds the following:

Required Element	Submitted Documentation Findings	Requirement of Code Met
Comprehensive History	History of Present illness – 1 condition Review of systems – Musculoskeletal Past Medical History	No – Report supports Expanded Problem Focused
Comprehensive Examination	Body Areas – Neck, Right Shoulder	No – Report supports Expanded Problem Focused
Moderate complexity medical decision making	Number of Diagnoses or Treatment options – 1 Amount and/or Complexity of Data Reviewed – 1 (Discussion of test results) Risk of Significant Complications, Morbidity, and/or Mortality - Low	No – Reports supports Straightforward

Based on the above, the carrier's denial is supported.

The carrier denied code A4556 as 97 – "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated." Review of Code A4556 status finds "P" or excluded as incident to a physician's service (not separately payable)." As this service is incident to the Needle EMG/Nerve Conduction Study, the carrier's denial is supported.

2. Pursuant to provisions of Rule 134.203 (b), no additional reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 additional reimbursement for the services in dispute.

Authorized Signature

		July , 2016
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.